

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1st AMENDMENT      AFTER  
2nd AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

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TOTAL IND.	3				
TOTAL DEP.	25				
TOTAL CLAIMS	28				

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